#### REQUIREMENTS & INSTRUCTIONS - GUARD OR PRIVATE DETECTIVE

Access this form via website at: www.hawaii.gov/dcca/pvl

## SOLE WITH NO EMPLOYEES/ PRINCIPAL

#### **THE LAW**

§463-5 Private detectives, guards, and agencies; license required. No person shall engage in the business of private detective or guard, represent oneself to be, hold oneself out as, list oneself or advertise as a private detective or guard or as furnishing detective investigating services or guard services without first obtaining a license as a private detective or guard from the board of detectives and guards upon payment of application, examination and license fees and no firm, corporation, partnership, or association shall engage in the business of private detective or guard, represent itself to be, hold itself out as, list itself or advertise as a private detective or guard agency or bureau or as furnishing detective, investigating, or guard services without first obtaining a license as a private detective or guard agency from the board upon payment of application and license fees.

# IMPORTANT: DO YOU HAVE THE WORK EXPERIENCE?

Applicants shall have had experience reasonably equivalent to at least **4 years of full-time investigational or guard work**. The Board may accept the following types of experience:

- 1. For persons applying to be private detectives, employment:
  - (a) Under the supervision of a licensed private detective;
  - (b) As a police officer with a police department of a state or political subdivision thereof;
  - (c) As an investigator with any federal, state, county, or municipal government agency; or
  - (d) As an investigator by an attorney-at-law or law firm.
- 2. For persons applying to be guards, employment:
  - (a) Under the supervision of a licensed guard;
  - (b) As a guard by a private employer;
  - (c) As a police officer with a police department of a state or political subdivision thereof; or
  - (d) As a guard with any federal, state, county, or municipal government agency.

## SOLE PROPRIETORS AND PRINCIPALS

File this application if you are a sole proprietor with no employees or the "*Principal*" of a corporation, partnership, joint venture, LLC or LLP to apply for a private detective or guard license. If a private detective <u>AND</u> a guard license is desired, complete a separate application for each license type. The "*Principal*" of an agency must have a Hawaii residence address, P.O. Box is not acceptable.

The sole proprietor <u>with employees</u> who is starting a business must also apply for an "Agency" license on a separate application (See Board's form *PDG -01*).

#### **INSTRUCTIONS FOR FILING:**

#### **APPLICATION**

- 1. Use a typewriter or print legibly in BLACK ink.
- 2. Answer all questions. If an item/question is not applicable to you, please indicate that it is not applicable with, "NA".
- 3. Use a stapler to affix a photograph, front view, head and shoulders, 2" x 2" in size, in the space provided.
- 4. Sign the application.

#### TRADE NAME

If you are a sole proprietor and planning to use a trade name, <u>submit</u> a filed-stamped copy of current trade name registration approved by the Business Registration Division of the Department of Commerce and Consumer Affairs.

#### FINGERPRINTING

All fingerprinting must be done on the cards provided by the Board only. It has the Board's agency code imprinted on it. The FBI will not accept any card without the pre-printed Board's code. (Contact the Board's office at (808) 586-3000 for the card if you download this application via the Internet.)

Complete everything you can in the top portion of the card in BLACK INK—Your name, aliases, citizenship, armed forces number, social security number, sex, race, height, weight, color eyes, color hair, date of birth, place of birth, your signature, residence address, employer's name and address and reason fingerprinted (private detective or guard licensure). Some agencies charge a fee for taking your prints.

#### FOR OAHU APPLICANTS

The Hawaii Criminal Justice Data Center (HCJDC) will do your **fingerprinting and criminal abstract**. Contact them at (808) 587-3100 or visit their website at: <a href="https://www.hawaii.gov/hcjdc">www.hawaii.gov/hcjdc</a> to request a form.

#### ALL OTHERS

Take the completed Board imprinted card (blue and white) to get your fingerprints taken at any police station or other fingerprinting agency in your state.

The completed fingerprint card will be given back to you. Submit the completed card and cashier's check or a U.S. Postal money order for \$25.00 payable to State of Hawaii. No personal checks are accepted.

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#### **FINGERPRINTING**

#### • ALL OTHERS (Contd.)

Upon submittal of your application, fingerprinted card, and fees the Board will forward the card to the HCJDC for a report.

The process of obtaining a report from the HCJDC will take approximately 2 weeks from the date submitted to the HCJDC. You are urged to complete this fingerprinting as soon as possible and submit to the Board with a completed application form to avoid unnecessary delay in the application process. Other required documents may follow.

#### **CRIMINAL ABSTRACTS**

A criminal history abstract is required for ALL locations which the applicant has resided during the past 10 years.

- <u>FOR OAHU APPLICANTS:</u> Contact the Hawaii Criminal Justice Data Center at 587-3100 or visit their website at: <u>www.hawaii.gov/hcjdc</u> to request a "Criminal History Record Check" form.
- <u>FOR NEIGHBOR ISLAND APPLICANTS:</u> Contact the main county police departments and Kona for information on obtaining criminal abstracts.
- OUT OF STATE APPLICANTS: Contact the local authority in each of the locations you've resided, during the past 10 years, for their forms and instructions.

Note: California abstracts - The California Department of Justice, Bureau of Criminal Identification & Information requires completion of a finger print card and processing fee of \$32. Please call our office at (808) 586-3000 for this fingerprint card.

Upon receipt of this card, please complete all required information and fingerprints and return this card to us with the processing fee (money order only) of \$32, made payable to the California Department of Justice. We will then forward your card to California.

## HIGH SCHOOL EDUCATION

Attach evidence of a high school education or its equivalent:

- · A photocopy or of your high school diploma, OR
- · A certified transcript of your high school record, OR
- A statement from the state's department of education attesting that the equivalent of a high school education has been completed, OR
- · A photocopy or of your college diploma.

#### PSYCHIATRIC or PSYCHOLOGICAL HISTORY

If you have received treatment for a psychiatric or psychological disorder; or, if such treatment has been recommended, you may be asked to have the psychologist or physician submit a statement to the board relating to your history.

## EXPERIENCE REQUIREMENTS

<u>Attach</u> a notarized statement from your present employer and/or former employer attesting to your job duties and responsibilities that verify at least 4 years experience or other documentary evidence of your experience.

If you were self-employed and licensed in another state, <u>attach</u> verification from the state board on license status.

#### **FEES**

<u>Attach</u> TWO separate checks made payable to COMMERCE & CONSUMER AFFAIRS:

First Check: \$50 Application fee (not refundable) \$50 Examination fee.

## APPLICANTS WITH SPECIAL NEEDS

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam <u>filing</u> deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

or

#### **BOARD'S ADDRESS**

Mail all required documents/items to:

Deliver to office location at:

Honolulu, HI 96813

BOARD OF PRIVATE DETECTIVES & GUARDS DCCA, PVL Licensing Branch P.O. Box 3469 Honolulu, HI 96801

Phone: (808) 586-3000

335 Merchant St., Rm. 301

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## **APPLICANT CHECKOUT**

This is a summary of the items needed to start the application for exam process and may be used by you to double check your submittals.

#### HAVE YOU COMPLETED THESE STEPS TO START YOUR APPLICATION PROCESS?

- 1. Answered all questions on the application form?
- 2. Signed the application form?
- 3. Affixed your photo to the application form?
- 4. Attached the payments:
  - a. \$50 application fee (payable to Commerce & Consumer Affairs)?
  - b. \$50 exam fee (payable to Commerce & Consumer Affairs)?
  - c. \$25 fingerprint report fee (money order or cashier's check payable to State of Hawaii)? (Out-of-state and neighbor island residents)
- 5. Attached the card with your fingerprints? (Out-of-state and neighbor island applicants)
- 6. Attached criminal abstracts covering 10 years?
- 7. Attached evidence of a high school education or its equivalent?
- 8. Attached evidence of 4 years of full-time investigational work or guard service?

Your application is considered complete when <u>ALL</u> REQUIRED DOCUMENTS are in the Board's office. Please note that the report from the FBI must also be received. Licensing must be completed within one year of the application date.

## ABANDONMENT OF APPLICATION

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

#### **EXAMINATION AND BOARD INTERVIEW**

#### **EXAMINATION**

Examinations are held monthly.

After the application is approved for examination, applicants will be notified of the date, time, and place of the examination.

Applicants must attain a score of at least 75%.

Within 2 weeks after the exam, written notification of the results will be mailed. To protect the privacy of applicants, results are not released over the phone.

Passing applicants will be sent, in addition to the exam results, information regarding the board interview. Failing applicants will be sent, in addition to the exam results, information regarding retaking the examination.

#### POSTPONING or WITHDRAWING FROM EXAM

If applicant is unable to appear for the exam and wish to postpone it until the next exam date, a written request must be submitted one week prior to the date of the exam.

If applicant wishes to withdraw the application, submit a written request one week prior to the date of the scheduled exam. Applicants granted the withdrawal will be refunded the examination fee. Refunds take approximately 8 weeks to process.

#### **BOARD INTERVIEW**

The Board usually meets in January, March, May, July, September and November.

Passing candidates will be scheduled for appearance before the board for an interview. Failing candidates will be sent, in addition to the exam results, information on retaking the examination.

When the meeting date is determined, a written notice will be sent to the applicant containing the date, time, and place of the Board meeting.

In the event the applicant cannot make the scheduled interview, the Executive Officer of the Board should be notified to reschedule the date.

Notification regarding the Board's decision will be sent through the mail. To protect the privacy of applicants, results are not released over the phone.

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#### LICENSE REQUIREMENTS

Applicants approved by the Board will be required to **submit the following items** before a license will be issued:

#### **BOND**

A bond of not less than \$5,000 issued by a surety authorized to conduct business in this State on the form provided shall be submitted. Bond form must be notarized by both the applicant and surety issuing the bond. Surety must indicate on Bond form if Bond No. is for a Private Detective Agency or Guard Agency.

#### **LICENSE FEES**

Make checks payable to: Commerce & Consumer Affairs.

**Note:** One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

## GUARD UNIFORM CLEARANCE

Photographs of the guard uniform emblem and badge (Chapter 16-97-14, HAR) will be required for the Board and police departments of each county where you will be doing business.

#### MAINTAINING YOUR LICENSE

#### **MAINTAIN BOND**

Maintain a bond in force at all times. Failure to maintain bonding will result in automatic suspension of license and the Board may take action against your license.

#### **PLACE OF BUSINESS**

A licensed Private Detective or Guard Agency shall have and maintain a definite place of business where the licensee may be served notice and legal process in the State. A Post Office Box number is not accepted as a place of business.

#### **BIENNIAL RENEWAL**

All licenses expire on June 30, of each even-numbered year. All licenses, regardless of issuance date, are subject to renewal on or before the expiration date. Payment of renewal fees, information relative to conviction of the licensee of a crime which reflects unfavorably on the fitness of the licensee to engage in the profession, whether any psychiatric or psychological treatment has been recommended to the licensee, and evidence of a current bond are required. Licensees renewing after the expiration date and within one year are required to restore their licenses and are assessed a penalty.

Licensees who do not restore their licenses within the one year period are required to file as new applicants.

### **GENERAL INFORMATION**

#### **LAWS & RULES**

A copy of the laws, Chapter 463, HRS, and rules, Chapter 97, HAR, relating to private detectives and guards may be obtained from: The Board of Private Detectives & Guards, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Licensing Act should be read in conjunction with the above statutes.

The laws and rules are also posted on our website at: <a href="www.hawaii.gov/dcca/pvl">www.hawaii.gov/dcca/pvl</a>. Look under "Private Detective and Guard".

## CHANGES TO REQUIREMENTS

Applicants are subject to requirements in effect at the time of filing.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

APPLICATION FOR EXAM & LICENSE - GUARD or PRIVATE DETECTIVE			Lic	ense No:	Eff. Date		
Read the at	tached requi	rements and	l instructi	ions before completing this form.			
Legal Full Name (First - Middle) (Last)				(Last)	USE		
Residence A	ddress <i>(include</i>	e Apt. No., Cit	y, State ai	nd Zip Code)	FOR OFFICE L		
Mailing Addre	ess (ONLY if di	ifferent from a	bove)		FOR		
Business Loc	ation (No PO	Box)			Тур	Loe of LICENSE you are	applying for (circle only one):
						GUARD	PRIVATE DETECTIVE
Social Securi	ty No.		Age	Phone No. (days)	Em	nployment Status (circle	only one):
Other Names Used (Include nicknames):						SOLE PROPRIETOR W/NO EMPLOYEES	
If "sole proprietor," list Trade Name (if any).			y). I	If "principal," list name and address of employe	r.)		Employer Phone No. (days)
	Dates	s (mo/yr)					
ID: Use sary.	From	То		Name & Address of Employer		Position Held	Reason for Leaving
EMPLOYMENT RECORD: For last 10 years. Start with present or last. Use							
Ster E							
		Dates (mo/yr)					Did you receive a diploma
TION	From	То	High Sc	Name, & Location (city/state)		Position Held	or certificate?
EDUCATION			College/University				
<ol> <li>Are you a</li> <li>Are you a</li> <li>Have you</li> </ol>	at least 18 ye a U.S. citizen ı had at least	ars old? , a U.S. nation t FOUR (4) \	onal, or a	nils when required:  an alien authorized to work in the United Sof full-time investigational work experience aged by any employer?	tates or gu	s?uard service?	YES NO YES NO
(If responds) In the past has not be	ponse is "yes," explain on a separate sheet.)  past 20 years, have you ever been convicted in any jurisdiction of a crime in whot been annulled or expunged?				hich	the conviction	YES NO
	g to the conv						
				(CONTINUED ON NEXT PAGE PDG:		App	547\$50
PDG-02 0204R						Exam	550\$25 548\$55 or \$110 540\$75

Conti	nue circling or underlining answers and give details when required:		
6a)	Have you ever received treatment for any psychiatric or psychological disorder?	YES	NO
b)	Has any such treatment been recommended?(If response "yes" to either questions 6a and 6b, submit statements from each treating psychologist or physician.)	YES	NO
7a)	Do you own or are you a partner in any business?	YES	NO
b)	If response is "yes," give name of partner and location of business:		
8a)	Have you ever been a principal of any private detective or guard agency wherein you had direct management and control of the agency?	YES	NO.
b)	If response is "yes," give name and location of agency:		
9a)	Are you now or have you ever been licensed in this or any other jurisdiction?	YES	NO
b)	If response is "yes," give name of jurisdiction, type of license and effective dates:		
c)	Has any license ever been suspended, revoked or otherwise subject to disciplinary action?	YES	- NO
d)	Are there any disciplinary actions pending?	YES	NO
10)	Have you ever been denied a license by this board or in another jurisdiction?(If "yes," explain on separate sheet.)	YES	NC

USE A STAPLER TO AFFIX A RECENT PHOTOGRAPH OF YOURSELF HERE.

(If "yes," please <u>also</u> file an agency license application.)

(2" x 2", head and shoulders, front view.)

Print your name on the back of the photo.

### AFFIDAVIT OF APPLICANT:

I solemnly swear that the answers and statements contained in this application and the attachments thereto are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes).

SIGNATURE
OF APPLICANT

Date

### **BOND FORM - PRIVATE DETECTIVE, GUARD OR AGENCY**

**AFFAIRS** 

## **BOARD OF PRIVATE DETECTIVES & GUARDS**DEPARTMENT OF COMMERCE AND CONSUMER

PVL Licensing Branch
P.0. Box 3469
Honolulu, Hawaii 96801

Access this form via website at: www.hawaii.gov/dcca/pvl

	Private Detective/Agency Bond No
	Guard/Agency Bond No
KNOW ALL MEN BY THESE PRESENTS:	
THAT WE	, (Name of Applicant)
of	, State of Hawaii, as
	(Address of Applicant)
Principal, and	registered and authorized to do business in the
(1)	Jame of Surety)
	nly bound unto the State of Hawaii in the full and just sum of FIVE THOUSAND DOLLARS s of America, to be levied upon our respective, joint and several property, in case the conditions
For the just and full payment of whice administrators and assigns.	ch we hereby jointly and severally bind ourselves, and our respective heirs, executors, and
THE CONDITIONS OF THIS OBLIGATION	TION ARE SUCH THAT:
	ipal has otherwise qualified and will be duly licensed by the Board of Private Detectives and ing of this bond in accordance with Chapter 463, Hawaii Revised Statutes.
	den principal shall fully and faithfully comply with all of the provisions of said Chapter 463 and nis obligation shall be void, otherwise it shall be and remain in full force and effect.
	he Hawaii Revised Statutes, any person injured by the willful, malicious or wrongful act of the of any damages sustained, but the aggregate liability of the surety shall not exceed the face of
IT IS HEREBY stipulated and agreed to	hat suit on this bond may be brought before a court of competent jurisdiction without a jury.
unless terminated or cancelled by the surety shall have passed following the receipt of the	ce and effect and shall run concurrently with the license period and for any renewals thereof, . Such termination or cancellation shall not be effective, however, until at least thirty (30) days be notice of such termination or cancellation in the office of the Board and shall thereafter be ition occurring after the effective date of cancellation.
IN WITNESS WHEREOF, we the said of 20	principal and the said Surety, have hereunto set our hands and seal this day
INSTRUCTIONS FOR FILING:	Principal
Complete <u>all</u> sections of form as required.     Both applicant <u>and</u> surety must complete and	
notarized page 2. 3. Failure to submit a completed form will delay	Surety
processing of your license.  4. Attach Power of Attorney if applicable.	Ву
1	

PDG-05 0204R (Over)

# ACKNOWLEDGEMENT (PARTNERSHIP OR INDIVIDUAL)

STATE OF HAWAII	•		
City and County of	<b>&gt;</b> ss.		
On this	day of		, 20, before me personally
			name(s) are subscribed to the above
		(-)	
executed same.			
NOTARIAL			
SEAL		Notary Public State of My Commission expires _	
	ACKNO	OWLEDGEMENT (ENTITY)	
STATE OF HAWAII	<b>}</b> ss.		
City and County of			
			, 20, before me personally
			, to me known, who, being duly sworn,
			; that
			of the entity described in and which
executed the above instrume	ent, and acknowledged to me that		executed same.
NOTARIAL SEAL		Notary Public State of My Commission expires	
	ACKNO	OWLEDGEMENT (SURETY)	
STATE OF HAWAII	<b>}</b> ss.		
City and County of			
On this	day of	, 2	0, before me personally
came			, known to me to
be attorney-in-fact for			and known to me to be the person
whose name is subscribed to	o the above instrument, and ackno	owledged to me that	executed same.
NOTARIAL			
SEAL			

#### STUDY MATERIALS

Most of the questions in the examination are referenced to the following books, laws or other materials. You should study carefully and systematically the references suggested below.

#### PRIVATE DETECTIVES

A series of books published by Butterworth-Heinemann Publishers, 225 Wildwood Ave., Woburn, MA 01801, Phone 1-800-366-2665, Fax 1-800-446-6520

Four books written by Art Buckwalter:

- \* SURVEILLANCE & UNDERCOVER INVESTIGATION
- \* INTERVIEWS & INTERROGATIONS
- \* THE SEARCH FOR EVIDENCE
- \* INVESTIGATIVE METHODS

#### **SECURITY GUARDS**

INTRODUCTION TO SECURITY
by Robert J. Fischer & Gion Green
Butterworth-Heinemann Publishers, 225 Wildwood Ave., Woburn, MA 01801
Phone 1-800-366-2665, Fax 1-800-446-6520

Both examinations include questions from:

Hawaii Administrative Rules Chapter 16-97 Private Detectives & Guards Hawaii Revised Statutes Chapter 463 Private Detectives & Guards

The booklets are available by submitting a written request to:

PVL Licensing Branch Commerce & Consumer Affairs P.O. Box 3469 Honolulu, Hawaii 96801

<u>or</u>

The laws and rules are posted on our website at: <a href="www.hawaii.gov/dcca/pvl">www.hawaii.gov/dcca/pvl</a>. Click on "Private Detective and Guard".

#### WHERE TO OBTAIN STUDY MATERIALS

Local libraries and bookstores.

\* Approved candidates will be allowed to borrow copies of these books from the Examination Branch (phone #808-586-2711). These books <u>must</u> be returned to the Examination Branch by or on the day of your examination in order for you to sit for the examination.